Approved for use through 7/81/2008. OMB 0681-0622
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Papelwork Reduction Act of 1995, no persons are required to respond to a collection of importation unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-676 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED . NUMBER EXTRA RATE (\$) FEE (\$) BASIC FEE RATE (\$) FEE (S) (87 OFR 1.18(a), (b), or (d)) SEARCH FEE (87 OFR 1.(664), (f), or (m)) EXAMINATION FEE (87 OFR 1.16(d), (p), or (qf) TOTAL CLAIMS (\$7 CFR 1.16(1) mtnus 20 ≃ 25. x 57 NDEPENDENT CLAIMS (37 CFR 1.16(N)) OR 788 = 8 ayrılım x If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 60 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.160) 180 160 If the difference in column 1 is less than zero, enter ${\bf 0}^{\circ}$ in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Cólumn 1) OTHER THAN (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PREVIOUSLY PŘESENT ATE (\$) AFTER ADDI: RATE (\$) **EXTRA** ADDI-TIONAL FEE (\$) ENDMENT PAID FOR TIONAL Total (07 OFR L16(1) FEE (\$) 50 Independent CIT OFR LIGHT OR' Minus 200 ٠, Application Size Fee (37 CFR 1.16(s)) ÒR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.160) 80 360 OR TOTAL TOTAL ADD'L FEE OR (Column 1) (Column 2) (Column 8) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) 7/07 ADD1-AFTER AMENDMENT RATE (\$) PREVIOUSLY XTRA ADDL TIONAL PAID FOR TIONAL FEE (\$ Total 97 OFR Liest FEE (\$) Minus OR Independent (37 OFR 1.16(h)) Minus ď Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.16(1)) OR TOTAL TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

**ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. .oRV ADD'L FE